



Nomination Form

I would like to nominate someone I think would be valuable as a member of DPAC.

My Name: (print) _____ DPAC member ☐ Yes ☐ No

Title _____ Affiliation _____ Phone (____) _____

Name of person I would like to nominate for ☐ DPAC general membership ☐ DPAC board

(First name)

(Last name)

Organization Name (if applicable) _____

Address _____
(Street address, apt/room number)

(City)

(State)

(Zip code)

Contact information for person nominated

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
(Home phone) (Work phone) (Cell phone)

Email address if known: _____

The reason I feel that this person should be a part of DPAC is _____

If known, check the organizational sector this person would represent on DPAC:

<input type="checkbox"/> Business and Industry	<input type="checkbox"/> Labor Organization/Unions
<input type="checkbox"/> Civic Organizations	<input type="checkbox"/> Managed Care Organizations
<input type="checkbox"/> Community Members or Consumers	<input type="checkbox"/> Occupational Health Organizations
<input type="checkbox"/> Environmental or Env.-Health Org.	<input type="checkbox"/> Physicians and Other Health Care Workers
<input type="checkbox"/> Faith Institutions	<input type="checkbox"/> Professional Public Health and Health Care Assoc.
<input type="checkbox"/> Foundations or Philanthropic Organizations	<input type="checkbox"/> Public Safety and Emergency Response Organizations
<input type="checkbox"/> Government Agencies	<input type="checkbox"/> Schools
<input type="checkbox"/> Hospitals and Health Care Facilities	<input type="checkbox"/> Social Service Providers
<input type="checkbox"/> Institutions of Higher Education	<input type="checkbox"/> Transportation Providers

Does this person know about his/her nomination? ☐ Yes ☐ No

Return this completed form to:

Kim Walsh, Public Health Consultant, Diabetes & Kidney Disease Unit, MDCH
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walshk@michigan.gov